

**Grace Methodist Church  
Endowment Committee  
2025 Drug & Alcohol Recovery Fund Application**

**Demographic Information:**

Agency seeking funding: \_\_\_\_\_

Name of primary contact: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone contact: \_\_\_\_\_

Email address: \_\_\_\_\_

Website: \_\_\_\_\_

**Information for Drug & Alcohol Treatment Program seeking funding.**

1. Are you a faith-based organization? \_\_\_\_\_
2. What is the inception date of your program? \_\_\_\_\_
3. Is your program registered as a Pennsylvania Non-profit? \_\_\_\_\_
4. What is your annual budget? \_\_\_\_\_
5. What are your revenue sources? \_\_\_\_\_
6. Do you accept clients without healthcare coverage? \_\_\_\_\_
7. What is the number currently enrolled in your program? \_\_\_\_\_
8. What is the age range of individuals served by your program? \_\_\_\_\_
9. What is the success rate of persons completing your program? \_\_\_\_\_

**On the back of this application, or on a separate piece of paper, please answer the following:**

- A. In what manner does your organization provide assistance specifically for drug and alcohol recovery in Indiana County?
- B. Please describe in as much detail as possible how any monetary award would be used by your organization.
- C. Please provide us with your Mission Statement.
- D. If possible, please enclose a brochure or other relevant information for our review.

**Application Deadline: April 30, 2025  
Return to: Endowment Committee, Grace Church, 712 Church Street, Indiana, PA 15701**